

## REMOVED APPLICANT REQUEST FOR RECONSIDERATION (MULTIPLE APPLICATIONS)

Under title 2, section 60844, subdivision (a)(1) of the California Code of Regulations, submitting more than one application during either Phase I or Phase II of the application process is grounds for removing an applicant from the applicant pool. Therefore, you can no longer be considered for selection to the commission.

If you believe there are compelling circumstances that justify reversal of this determination, you may seek reconsideration. To request reconsideration, you must complete this form and submit it to the Bureau of State Audits within 10 days of receiving this notice. Upon receiving the information provided in the form, we will evaluate your request and notify you as to whether you will be allowed to regain your eligibility for participating in the selection process.

Please provide the following information and submit it to the Bureau of State Audits by e-mail, facsimile, or delivery to the address stated at the bottom of this form. This form must be received by the bureau no later than February 27.

Name: Barbara Clancy

Explanation of compelling circumstances: I inadvertently did not select all elections I voted in due to malfunction of my computer (glitch) and could not see all the selections. I attempted to rectify the situation by re-entering the information and re-submitting them. I phoned the number provided for assistance, however, no one available at that time. Nonetheless, I was not certain the correct entries were accepted. Therefore, I re-submitted the application and used my work email address that is used on a daily basis to make certain I received a response, timely. I would, however, request to be reconsidered because my voter's registration at each poll should serve as supporting documentation and substantiate that I did in fact vote at more than 2 elections. I apologize for any inconvenience this has caused and would like to be reconsidered for the commission.

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I affirm, by signing or typing my name below, that the statements contained in this Request For Reconsideration are true and correct to the best of my knowledge.

Signature or typed name: Barbara Clancy Date: February 17,  
2010

Bureau of State Audits, 555 Capitol Mall, Suite 300, Sacramento, CA 95814

Facsimile: 916.319.9295 E-mail: [VotersFirstAct.bsa.ca.gov](mailto:VotersFirstAct.bsa.ca.gov)